

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date January 5, 1979		Division of Physical Health Communicable Disease Unit Immunization Program - Room 12-H 47 Trinity Avenue, S. W. Atlanta, Ga. 30334		Application Number 76-183-A	
Application Number DHR-1979-4				Date Received JAN - 5 1979	
				Date Completed FEB - 5 1979	
2. Person to Contact Mr. Huel Keown		Working Title Project Coordinator		Telephone Number 656-4764	
3. Action Requested				and rescind 76-184 and 75-185 (included in amended 76-183)	
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>76-183</u> Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1969 Latest to present		Immunization Report Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
<p>The Division of Physical Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the physical health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing and field operations; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Immunization Program has the responsibility to prevent and control communicable diseases (measles, rubella, polio, diphtheria, tetanus, whooping cough, etc) through: conducting general intensive immunization programs in all geographic areas and population groups; effective application of epidemiologic and laboratory surveillance techniques; professional education; and the motivation and education of the general public.</p>					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to: maintaining a cumulative record of the number of persons immunized against various communicable diseases throughout the State. Included are: form 3199 (Rev. 10-77) (Immunization Report) which shows county name and code; month and year; immunization (D.P.T., Diphtheria-Tetanus, Measles, Poliomyelitis, Rubella, Tetanus, Gamma Globulin for Hepatitis, and Mumps); and by ages of persons immunized (under 1 year through age 20 and over).					
The file is arranged : alphabetically by county; thereunder, by disease as listed on form 3199 (Immunization Report).					
8. Monthly Reference Rate How often are records referred to which are:					
One to six months old <u>4 times</u> ; Seven to twelve months old <u>2 times</u> ; Thirteen to twenty-four months old <u>-</u> ; twenty-five months and older <u>per year</u> ? year					
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____ no accumulation - computer binders					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? <u>10 years - for research</u>
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>Immunization Annual Summary Report (computer printout)</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? <u>District & County Offices</u> If yes, where? <u>Directors of DHR Dept. of Physical Health and DHR Div. of Physical Health,</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? <u>information from form 3199</u>

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>10</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

needed for 10-year immunization evaluation study

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

see page 3

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<u>Arnell H. Keown</u>	<u>1/5/79</u>	<u>Elizabeth W. Crank</u> Elizabeth W. Crank, CRM	<u>12/28/78</u>

State Records Committee (Signature)		Date
State Auditor/Designee	<u>James J. Smith</u>	<u>2-1-79</u>
Secretary of State/Designee	<u>Carroll Hart</u>	<u>1-31-79</u>
Attorney General/Designee	<u>W. B. Healy</u>	<u>2-2-79</u>

Immunization Report Files

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12. Form 3199
(received monthly from
County Health Departments)

Immunization Program

Destroy upon verification of
Immunization Quarterly Report.

Printouts

Immunization Quarterly Report

Immunization Program

Cut off file at end of each
calendar year; hold in cur-
rent files area 3 years;
then destroy.

District and County Offices

Destroy upon receipt of Im-
munization Annual Summary Report.

Immunization Annual Summary Report

Cut off file at end of each calendar
year; transfer to State Records
Center; hold 10 years; then destroy.
Earlier destruction is authorized,
based on Program administrative needs.

District and County Offices

Destroy when no longer needed for
reference.

Family Health Services Director (record copy)

Include with Family Health Director's Subject Files
(transferred annually to State Archives - Schedule 74-460)